

TUITION REIMBURSEMENT PROGRAM APPLICATION

This completed form and the course description should be received by the Human Resources Division two weeks prior to course registration. Tuition Reimbursement Program Guidelines should be reviewed prior to completing this form.

Employee – Please complete (type or print legibly)

Name	*Social Security #
Home Address	City/State/Zip
Facility / Location	Work Phone #
Job Classification & Title	

*Your Social Security Number is being requested by this agency for the purpose of recording accounts payable. Disclosure is voluntary and you will not be penalized for refusal.

Course No.	Course Name (Attach a copy of the course description from the school bulletin)	Credit Hours	Tuition Per Credit Hr.
Course No.	Course Name (Attach a copy of the course description from the school bulletin)	Credit Hours	Tuition Per Credit Hr.

Reason for Taking Course: Explain briefly why you feel the course(s) that you have selected will improve your present job performance and/or prepare you for advancement. _____

School Attending	Date Course Begins	Date Course Ends	Undergraduate or Graduate Course? (U or G)
Type of Degree Sought	Total Credits Required for Degree	Credits Accumulated Towards Degree Prior to this Application	Will Credit(s) for this course apply toward degree? (Yes or No)

Are you receiving any other form of financial aid or tuition reimbursement?

Yes _____ No _____

Estimate of: Tuition Fee: \$ _____

Additional fees: \$ _____

*parking, labs, activity, technology, etc.

If yes, give type & attach documentation: _____

Total Estimate: \$ _____

Amount: \$ _____

All the information that I have disclosed above is correct and accurate. My participation in the Tuition Reimbursement Program in no way guarantees a change in or advancement of my position. I hereby apply for participation in the Tuition Reimbursement Program covering the course(s) listed above. I have read and understand the policy, rules, and guidelines of the program and agree to comply with them.

Date: _____ Applicant's Signature: _____

Please see reverse side for Approvals and Reimbursement Certificate

APPROVAL RECOMMENDATIONS

Approval Recommended: _____(yes) _____(no)	_____
Reason: _____	Signature of Immediate Supervisor
_____	_____
	Date/Title

Approval Recommended: _____(yes) _____(no)	_____	_____
	Superintendent	Date
Approval Recommended: _____(yes) _____(no)	_____	_____
	TRP Committee	Date

REIMBURSEMENT CERTIFICATE

(Employee/student name) _____ Has or has not
(circle one)

satisfactorily completed the course(s) listed on page 1 for the dates of _____ through _____.

Signature of School Recording Officer

Date

***This section must be filled out and signed by an officer of the school if no grade is turned in.**

For Human Resources Only

Approved Reimbursement amount \$ _____

Approved for payment: _____
Director, Human Resources Division

Date